WORKERS’ COMPENSATION INSURANCE

Creating
A Return to Work Program

SAFETY SAVES
With IWIF
Creating an Early Return to Work Program

Introduction

Comprehensive Early Return To Work programs have proven to be highly effective in containing and reducing the costs of workers’ compensation. At IWIF, we are responding to our policyholders’ need for guidelines to establish such programs. The following information details the basics of an “Early Return to Work Program.” It indicates the advantages of such a program and provides guidelines to help the employer develop a plan. These guidelines allow for flexibility in the individual workplace setting.

An Early Return to Work program is designed to facilitate the earliest possible return of injured workers to the workplace, to perform meaningful, productive work within their physical capabilities. It may be referred to as: Modified Duty, Light Duty, Limited Duty, Alternate Duty, Restricted Duty, or Transitional Work. These terms are used synonymously and refer to duty that is intended to be time-limited and temporary.

In this document, “modified duty” refers to changing parts of the employee’s normal duties to accommodate temporary physical limitations. “Alternate Duty” refers to a position that would ordinarily accommodate most common temporary physical limitations.

This guide is designed to provide general information about the creation of early return-to-work programs. This guide should not be used as a substitute for professional services.

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Sample Forms Included
• Job Analysis (2 Sided form)
• Physician’s Evaluation form
Why is an Early Return To Work program an essential factor in successfully dealing with the workers’ compensation system?

1. Benefits to the Employer
   ♦ Reduces the likelihood of malingering and/or fraudulent claims
   ♦ Saves indemnity expenses in temporary disability payments
   ♦ Receives some production for wages paid (When a worker is out drawing lost time benefits there is no production derived.)
   ♦ Saves the costs of hiring and training replacement employees
   ♦ Facilitates employer/employee contact, giving the employer more control and direction, leading to a more positive resolution to the claim
   ♦ May speed healing, saving medical expenses from a prolonged disability

2. Benefits to the Employee
   ♦ Increases their self-esteem, minimizing feelings of guilt for having been injured
   ♦ Promotes better morale among all workers
   ♦ Contributes to faster recovery by keeping the injured worker mentally and physically conditioned to the regular work schedule
   ♦ Maintains social contact with fellow employees, which enhances recovery and encourages a faster return to the job
   ♦ Reduces the negative financial impact many injured workers experience due to lost time

3. Win-Win for Everyone
   ♦ The employer wins by minimizing workers’ compensation costs while retaining the use of valuable trained employees.
   ♦ The employee wins by returning to work and avoiding the negative effects of a long-term absence.
4. Lost Time Increases Costs

Sample Cost Analysis

In the following example, an employee has sustained a soft-tissue injury, such as a back strain or a sprained joint. The employee is released by the doctor for modified duty, but the employer fails to return the employee to work. The employee remains out of work for six months.

Employee’s average weekly wage of $400
Weekly worker’s comp payments = ................. $ 6,933
(2/3 of $400 = 266.67 x 26 weeks)
Estimated medical costs during the six months = $ 2,000

Temporary replacement needed:
Salary of $400/week x 26 weeks = ................. $ 10,400
Estimated training cost for replacement= ......... $ 500

Total cost to employer and insurance carrier= ........ $ 19,833

When do you set up an Early Return To Work program?

An Early Return To Work Program should be set up before it is needed.

♦ The Early Return To Work policy and procedures should be written and formalized.

♦ Training of employees should be completed.
Who should be involved in establishing an Early Return To Work program?

Top management must create and support the need for such a program through its total commitment. Supervisors, middle managers, foremen, and front line employees must all be involved in the decision-making process for the program to function successfully.

How to establish a return to work program

Before formulating an Early Return to Work Program, assess historical losses

Review a one to two year history of your company’s on-the-job injuries and illnesses to identify types of injuries that have occurred with great frequency. IWIF professionals will provide this information for you if it is not currently available.

Note if particular jobs or job functions contribute to most of your work-related injuries.

Advantages:

♦ Identifies problem areas that need to be examined for permanent modification or added safety features

♦ Determines a baseline to begin formulating the type of alternate duty needed

1. Evaluate the jobs. Conduct a job analysis for each job title, including tasks and physical requirements.
(A sample Job Analysis Worksheet is found in this booklet.)

♦ To ensure accuracy, a supervisor, in conjunction with the employees who perform the job, conducts the job analysis.

♦ Determine if any position requires a pre-employment physical.

♦ Short videos of jobs may be made using a standard video camcorder. The videos may be offered to IWIF medical network providers for review if there are questions regarding any particular job function.
2. Establish a relationship with an IWIF Medical Network provider for the treatment of injured employees.

♦ A company representative should meet with the medical provider to discuss the company’s Early Return To Work policy and inform them of the availability of modified and alternate duty.

♦ Invite, and strongly encourage, the medical provider to tour the facility, to see the job functions and type of work performed.

♦ Give the provider complete job descriptions identifying essential job functions and physical requirements of positions.

♦ Verify that the medical provider is in agreement with the company’s philosophy regarding Return to Work policies.

3. Give the medical provider a tool to communicate specific physical limitations.

♦ Send a physician’s evaluation form with the injured worker for each visit to the medical provider. *(See sample form in this booklet)*

♦ Use the completed evaluation to determine if modified work or alternate duty positions are realistic and appropriate for the injured worker.

♦ As the injured worker’s treatment progresses, the physical limitations will be lifted in a realistic time frame.

♦ The physician’s evaluation form should be reviewed with the medical provider when the employer representative meets him/her to discuss the Early Return To Work Program.

♦ Make it clear to the medical provider that an updated assessment is needed after each visit.
4. Communication

An essential requirement for a successful Early Return To Work Program is good communication between the employer, the employee, and the medical care provider.

♦ Designate a contact person to serve as a liaison between the company and IWIF and the company and the medical provider. Inform the medical provider that this individual is available to answer any questions regarding your Early Return To Work program.

♦ Make copies of the job analysis available to any medical provider treating an injured worker, so that the medical provider may more easily and accurately determine the functions the employee is physically unable to perform.

5. Implement the Early Return To Work program.

♦ Review the physician’s evaluation to determine the injured employee’s restrictions.

♦ Modify the employee’s usual job to accommodate physical limitations identified by the medical provider.

♦ If the employee’s pre-injury job cannot be modified to meet his/her physical limitations, determine if there is alternate work this employee could perform temporarily that would meet the company’s productivity needs and the employee’s physical limitations.
Formulating Alternate Duty

Philosophy

1. From the employer’s standpoint

♦ Alternate duty is meaningful work. Having an injured worker come in to watch television to prevent lost time is not meaningful work.

♦ Meaningful work provides the employer with productivity. It may not be at the performance level of a non-injured employee, but it is the beginning of a return to full productivity.

♦ Meaningful work increases the likelihood of compliance with the program by other employees and keeps their anger and frustration to a minimum.

♦ Middle managers are the essential players in making alternate duty programs work. If middle managers and supervisors don’t “buy into the program”, employees will pick up their negative attitudes and this will undermine the success of the program.

2. From the employee’s standpoint

♦ Meaningful work provides injured workers with a sense of accomplishment, maintains their self-esteem and decreases any feelings of guilt.

Where and how to start

1. Schedule a meeting
   Set a specific date and time to meet with supervisors, foremen, and employee representatives. A small company may want to include all employees. Allocate 1 1/2 hours for the first session.

2. Assign a recorder
   Designate one individual to record all suggestions made during the session.

3. Announce the reason for the meeting
   Clarify with everyone that the objective is to identify alternate duty jobs which will be used to safely return injured workers to the work place in a timely fashion.
4. **Strive for full participation**

Give all participants the opportunity to suggest duties or functions that might be included in alternate duty assignments.

- Encourage everyone to come up with as many suggestions as possible, even if initially they may think them unrealistic. The idea is to identify as many options as possible with which to work.

5. **List suggestions for all to see**

Have the designated recorder list all the suggestions (on a black board, flip chart, or large sheet of paper tacked to the wall) so that everyone can see the results. Be creative and innovative.

- This can be surprisingly stimulating.

- Employers who have used this process have been amazed that, with everyone’s input, realistic options are identified. The results can be extremely satisfying for everyone involved in the process.

6. **Identify potential Alternate Duty assignments by looking at each individual suggestion**

- Group discussions determine what would work, why and how.

- A second meeting may be needed to complete this process.

- When the group determines work activities suitable for modified duty, the descriptions are written and listed as “Alternate Duty Positions”.

- Copies are made and shared with employees and medical providers.

- Copies should be kept with the designated contact person in the company, who will give them to the appropriate medical providers, employees, and supervisors, as the need arises.

- Employees and medical providers will all be aware of and be ready to implement them when the need arises.

- Various alternate duty jobs can be grouped together to accommodate one employee.

7. **Alternate Duty Positions may be restructured and expanded.**

- Duties may be modified for individual employees to accommodate specific physical limitations. For example, a generic Alternate Duty Position, which may be appropriate for someone with an arm, hand or upper body injury, may not be appropriate for some one with a lower back injury. An employee with a lower back injury should not be sitting all day or doing frequent bending or stooping, which would increase strain on the lower back.
Workers’ Comp and FMLA and ADA

Consider the interaction of the workers’ compensation laws with the provisions of the Family Medical Leave Act (FMLA) and the Americans With Disabilities Act (ADA).

Employees who are not working due to an on-the-job injury may be entitled to FMLA leave and may be protected by the provisions of the ADA. The employee’s injury or disease could be a “serious health condition” under FMLA and could qualify as a “disability” under the ADA.

Employers must comply with the applicable provisions of FMLA and the ADA in the early return to work process. In some cases, the employee could decline a light duty position under FMLA. Reasonable accomodations may be required under the ADA.

Employers who are not familiar with the provisions of FMLA and of the ADA should consult with their Human Resource professional or attorney in order to obtain advice regarding how to navigate through the interactions of these laws.

Train Your Employees

Provide training for employees before implementing an Early Return to Work Program. Include:

♦ Benefits of implementing this program for both the employee and employer
♦ The date it will become effective
♦ Copies of the company’s Early Return To Work policy
♦ Medical provider(s)
♦ The designated contact person in the company for the employee, employer, and medical provider
♦ Job analyses for existing jobs and alternate duty jobs that have been identified
♦ Copies of physician’s evaluation and any other forms that will be used
♦ Encourage employee cooperation in identifying and reporting other activities that may be incorporated into alternate duty positions
♦ Reinforce to employees the company’s belief in the program and desire to make it work

At the time of hire, all new employees should be given copies of your Early Return to Work policies and procedures, and descriptions of alternate duty positions.
Conclusion

We realize that these guidelines will not solve all employers’ problems in returning injured workers to the work place. However, we believe they are a good tool to help employers formulate a successful Early Return to Work Program.

Should you have any further questions, concerns, or need more information, please feel free to contact the IWIF Loss Control Department. We are available to assist you in setting up a successful return to work program for your employees.

For further information, please call:

Mike Lowenstein, Supervisor
Loss Control Department  (410) 494-2071

IWIF Main Number  (410) 494-2000  Toll Free 1-800-264-4943
Injured Workers’ Insurance Fund
8722 Loch Raven Blvd.
Towson, Maryland 21286-2235
Employee: _______________________________  Job Title: ______________________________  DOT No: ______
Employer: ___________________________________________________________________________________
Date of hire: ___________  Date of job analysis: ____________  Job analysis performed by: ______________________

Methodology Used:

❏ Observation/Interview  ❏ Other - Explanation:__________________________________

POSITION SUMMARY

1. Description of job: ____________________________________________________________________________
_____________________________________________________________________________________________

2. Essential tasks: ______________________________________________________________________________
_______________________________________________________________________________________________

3. Types of machines and equipment used: ___________________________________________________________
_____________________________________________________________________________________________

4. Jobs can be modified: Temporarily  ❏ YES  ❏ NO  Permanently  ❏ YES  ❏ NO
If yes, please specify how: ________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

EDUCATIONAL & TRAINING REQUIREMENTS:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

ENVIRONMENTAL CONDITIONS:

Primarily:  ❏ Indoor work  ❏ Outdoor work

Exposure to:

❏ Confined Spaces  ❏ High Elevations  ❏ Slippery Surfaces
❏ Electrical Shock  ❏ Humid  ❏ Toxic Chemicals
❏ Explosives  ❏ Moving Parts  ❏ Uneven Surfaces
❏ Extreme Cold  ❏ Noise  ❏ Vibration
❏ Extreme Heat  ❏ Poor Ventilation  ❏ Weather
❏ Fumes/noxious odors/dusts/mists/gases  ❏ Radiant Energy  ❏ Wet
❏ Other __________________________________________

Length of work day: ____________  No. of Days/Week: ____________

Breaks: ______________________  Duration of each: _____________  Meal Break Duration:__________________

Work Schedule: ____________________________________________

Comm. Job Analysis 2/01
### PHYSICAL DEMANDS:

<table>
<thead>
<tr>
<th>N/P</th>
<th>R</th>
<th>O</th>
<th>F</th>
<th>C</th>
<th>Description/Narrative</th>
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<td>Carrying*</td>
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<td>Climbing</td>
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<td>Crawling</td>
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<td>Crouching</td>
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<td>Driving</td>
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<td>Fingering</td>
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<td>Handling*</td>
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<td>Lifting*</td>
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<td>12.</td>
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<td>Overhead Work</td>
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<td>13.</td>
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<td>Pulling*</td>
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<td>14.</td>
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<td>Pushing*</td>
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<td>15.</td>
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<td>Reaching</td>
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<td>Sitting</td>
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<td>Stooping</td>
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<td>Talking</td>
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<td>Twisting</td>
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<td>Vision</td>
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<td>22.</td>
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<td></td>
<td></td>
<td>Walking</td>
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<td>23.</td>
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<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

* Please designate heaviest weight by frequency in appropriate column.

**Employer**

Date job is available: ____________  Wage: __________________________ (per hour/week/year)

Comments:_________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Employer Signature __________________________________________ Date: ____________

**Physician**

I approve the attached job description.  ☐ YES  ☐ NO

If no, reasons for disapproval / recommended modifications: _______________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Physician Signature __________________________________________ Date: ____________

Physician Name (please print) __________________________________________
An important aspect of our company’s Return-to-Work Program is returning an injured employee to work as soon as medically able after the date of injury. Please provide the following information so that we can best determine the physical limitations of the employee and, if necessary, place the employee in a suitable temporary modified job.

**Employer/Injured Employee Information** (To be completed by the employer prior to the physician’s office visit)

Employer: ___________________________________________ Contact Person: ___________________________________________
Address: ___________________________________________ City: ___________________________ State: ______ Zip: _______

Employers phone number: (____) ______-_______ Insurance Carrier: Injured Workers’ Insurance Fund

Name of Injured Employee: ____________________________ Employee SSN ______-_______

Employee phone number: (____) ______-_______ Date of Injury:__/__/____ Claim # ______

Occupation: _________________________________________ Type of Injury: ___________________________

**Physicians Evaluation** (To be completed by the physician)

Diagnosis: __________________________________________

Treatment: _________________________________________

**Patient is able to lift:** Please check the exact degree of work you feel this patient is capable of performing.

- **Sedentary Work:** Lifting 10 pounds maximum and occasionally lifting and/or carrying small articles and occasional walking and standing.
- **Light Work:** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. It involves sitting most of the time with a degree of pushing/pulling of arm and/or leg controls.
- **Medium Work:** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects up to 25 pounds.
- **Heavy Work:** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects no more than 50 pounds.
- **Very Heavy Work:** Lifting objects in excess of 100 pounds with frequent lifting and/or carrying of objects weighing 50 pounds or more.

**In an eight hour day, patient is able to perform at the following level:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Occasionally = &lt;33% per day</th>
<th>Frequently + 33%-66% per day</th>
<th>Constantly = &gt;66% per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand</td>
<td>Not at all</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Walk</td>
<td>Not at all</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Sit</td>
<td>Not at all</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Drive</td>
<td>Not at all</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Bend</td>
<td>Not at all</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Squat</td>
<td>Not at all</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Climb</td>
<td>Not at all</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Push/Pull</td>
<td>Not at all</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Grasp</td>
<td>Not at all</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Manipulate</td>
<td>Not at all</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
</tbody>
</table>

**Patient can be exposed to:**

- Unprotected heights ___ Not at all ___ Occasionally ___ Frequently ___ Constantly ___
- Uneven surfaces ___ Not at all ___ Occasionally ___ Frequently ___ Constantly ___
- Marked changes in temperature and humidity ___ Not at all ___ Occasionally ___ Frequently ___ Constantly ___

**The above restrictions are:** _____ Permanent _____ Temporary until __________________

Can resume modified work duties on: _____________ Can resume full (regular) work duties on: _____________

Other restrictions or comments: ____________________________________________________________

Medical facility: ____________________________________________

Address: ___________________________________________ Phone: ___________________________

Physicians name: ___________________________________ Physicians signature: __________________ Date: _____________

Please fax a copy of this completed evaluation to: ____________________________ @Fax# __________________

IWIF Phys. Eval. Form 2/01

(IWIF Nurse Case Manager or Claims Adjuster)